

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Freedom Fund

ADDRESS (number and street)

1201 Pennsylvania Avenue

Suite 800

Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390674

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kolbet, Lance, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kolbet, Lance, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Freedom Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 05 / 01 / 2020

To:

 M M / D D / Y Y Y Y Y  
 05 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		795294.89
(b) Cash on Hand at Beginning of Reporting Period.....	727102.21	
(c) Total Receipts (from Line 19) .....	18030.98	70706.5
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	745133.19	866001.39
7. Total Disbursements (from Line 31).....	30040.5	150908.7
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	715092.69	715092.69
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Freedom Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.0	2000.0
(ii) Unitemized .....	0.0	0.0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.0	2000.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	18000.0	67500.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	18000.0	69500.0
12. Transfers From Affiliated/Other Party Committees.....	0.0	0.0
13. All Loans Received .....	0.0	0.0
14. Loan Repayments Received.....	0.0	0.0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.0	0.0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.0	0.0
17. Other Federal Receipts (Dividends, Interest, etc.).....	30.98	1206.5
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18030.98	70706.5
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18030.98	70706.5

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	40.5	67641.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	40.5	83408.7
22. Transfers to Affiliated/Other Party Committees.....	0.0	0.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.0	62500.0
24. Independent Expenditures (use Schedule E) .....	0.0	0.0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	0.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	5000.0	5000.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.0	5000.0
29. Other Disbursements (Including Non-Federal Donations).....	0.0	0.0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30040.5	150908.7
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30040.5	150908.7

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18000.0	69500.0
34. Total Contribution Refunds (from Line 28(d)) .....	5000.0	5000.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13000.0	64500.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	40.5	67641.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	40.5	67641.26

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bristol-Myers Squibb Company Employee PAC**

Mailing Address 345 Park Avenue 11th Floor

City  
New YorkState  
NYZip Code  
10154FEC ID number of contributing  
federal political committee.

C C00035675

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 1592055954088

Amount of Each Receipt this Period

1000.0

☐ Memo Item  
☐ Check

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CVS Health PAC**

Mailing Address 1275 Pennsylvania Avenue Suite 700

City  
WashingtonState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.

C C00384818

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 1592056080095

Amount of Each Receipt this Period

5000.0

☐ Memo Item  
☐ Check

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Experian PAC**

Mailing Address 475 Anton Blvd.

City  
Costa MesaState  
CAZip Code  
92626FEC ID number of contributing  
federal political committee.

C C00379768

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2020

Transaction ID : 1592055775185

Amount of Each Receipt this Period

5000.0

☐ Memo Item  
☐ Check

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 11  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Molina Healthcare, Inc. PAC**

Mailing Address 200 OCEANGATE SUITE 100

City

Long Beach

State

CA

Zip Code

90802

FEC ID number of contributing  
federal political committee.

C

C00430256

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : 1592056026448**

Amount of Each Receipt this Period

5000.0

☐ Memo Item  
Check

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. National Shooting Sports Foundation PAC**

Mailing Address 400 N. Capitol St., NW  
Suite 475

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

C00480863

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.0

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2020

**Transaction ID : 1592057140899**

Amount of Each Receipt this Period

2000.0

☐ Memo Item  
Check

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►

18000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City  
McLean

State  
VA

Zip Code  
22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.5

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

Transaction ID : 1592057493331

Amount of Each Receipt this Period

30.98

☐ Memo Item  
Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.98

30.98



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. PCI Payments**

Mailing Address 902 Chinquapin Road

City  
McLeanState  
VAZip Code  
22102Purpose of Disbursement  
PAC merchant fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : 15924918067

Amount of Each Disbursement this Period

40.5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.50

40.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. Donald J. Trump for President, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2020

Mailing Address 725 5th Avenue

City  
New YorkState  
NYZip Code  
10022Purpose of Disbursement  
PAC Political Contribution

011

Category/  
Type

Candidate Name

Trump, Donald, , ,

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 00

FEC Identification Number

C C00580100

Transaction ID : 15892907456

Amount of Each Disbursement this Period

5000.0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Donald J. Trump for President, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2020

Mailing Address 725 5th Avenue

City  
New YorkState  
NYZip Code  
10022Purpose of Disbursement  
PAC Political Contribution

011

Category/  
Type

Candidate Name

Trump, Donald, , ,

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 00

FEC Identification Number

C C00580100

Transaction ID : 15892908013

Amount of Each Disbursement this Period

5000.0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2020

Mailing Address 425 2nd Street SE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
PAC Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00027466

Transaction ID : 15901569761

Amount of Each Disbursement this Period

15000.0

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

25000.00

**TOTAL** This Period (last page this line number only)..... ►

25000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Freedom Fund

Full Name (Last, First, Middle Initial)

**A. Fresenius Medical Care North America PAC**

Mailing Address 920 Winter Street

City  
WalthamState  
MAZip Code  
02451Purpose of Disbursement  
PAC funds forwarded to proper account

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	2	0		

FEC Identification Number

C C00401299

Transaction ID : 15925951704:

Amount of Each Disbursement this Period

5000.0

☐ Memo Item Check attributed to Idaho  
Conservative Growth; funds  
forwarded to proper account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

5000.00